## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND             |                                   |  |                             |                       |                        |                    |        |  |
|---|-----------------------------------|--|-----------------------------|-----------------------|------------------------|--------------------|--------|--|
| 1 Date of Request: 6-9-02 2 Seria         |                                   |  |                             |                       | al/Patent # 10/060,159 |                    |        |  |
| 3 Please refund the following fee(s):     |                                   |  | 4 PAPER<br>NUMBER           |                       | 5 DATE<br>FILED        | 6 AMOUNT           |        |  |
| Filing                                    |                                   |  |                             |                       |                        | \$                 |        |  |
|   | Amendment                         |  |                             |                       |                        |                    | \$     |  |
|   | Extension of Time                 |  |                             |                       |                        |                    | \$     |  |
|   | Notice of Appeal/Appeal           |  |                             |                       |                        |                    | \$     |  |
| 122                                       | Petition                          |  |                             | 3,5                   |                        | 5-10-02<br>7-30-02 | \$ 260 |  |
|   | Issue                             |  |                             |                       |                        |                    | \$     |  |
|   | Cert of Correction/Terminal Disc. |  |                             |                       |                        |                    | \$     |  |
| 0   | Maintenance                       |  |                             |                       |                        |                    | \$     |  |
|   | Assignment                        |  |                             |                       |                        |                    | \$     |  |
|   | Other                             |  |                             |                       |                        |                    | \$     |  |
|   |                                   |  | 7 TOTAL AMOUNT<br>OF REFUND |                       |                        | \$ 260             |        |  |
|   |                                   |  | 8 TO BE REFUNDED BY:        |                       |                        |                    |        |  |
| 10 REASON:                                |                                   |  | Treasury Check              |                       |                        |                    |        |  |
|   | Overpayment                       |  |                             | Credit Deposit A/C #: |                        |                    |        |  |
|   | Duplicate Payment                 |  |                             | ,023978               |                        |                    |        |  |
| X   | No Fee Due (Explanation):         |  |                             |                       |                        |                    |        |  |
| PET DUE TO PTO PROPE                      |                                   |  |                             |                       |                        |                    |        |  |
|   |                                   |  |                             |                       |                        |                    |        |  |
|   |                                   |  |                             |                       |                        |                    |        |  |
| 11 REFUND REQUESTED BY:                   |                                   |  |                             |                       |                        |                    |        |  |
| TYPED/PRINTED NAME: DWOOD                 |                                   |  |                             |                       | т                      | ITLE: <u>807</u>   | TATTY  |  |
| SIGNATURE: PHONE: 308 0                   |                                   |  |                             |                       |                        | H-6914             |        |  |
| OFFICE: PETITIONS                         |                                   |  |                             |                       |                        |                    |        |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |                                   |  |                             |                       |                        |                    |        |  |
| APPROVED: Clicia Killy DATE: 8/12/02      |                                   |  |                             |                       |                        |                    |        |  |
| $\downarrow$                              |                                   |  |                             |                       |                        |                    |        |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B